

BI-WEEKLY INDIVIDUAL ATTENDANCE SHEET

Employee Name: _____ Pay Period: _____

Important Notice: Falsification of this document, by anyone involved in the time keeping process, will result in severe disciplinary action. Exact times shall be entered by the employee; however, during payroll processing, payroll clerks will round all docks and overtime to the **nearest** quarter hour.

FIRST WEEK OF PAY PERIOD							
DAY	DATE	Beg. Time	Meal Period		End. Time	Hrs. Wrkd	NOTES
			Out	In			
Sun.							
Mon.							
Tues.							
Wed.							
Thurs.							
Fri.							
Sat.							

SECOND WEEK OF PAY PERIOD							
DAY	DATE	Beg. Time	Meal Period		End. Time	Hrs. Wrkd	NOTES
			Out	In			
Sun.							
Mon.							
Tues.							
Wed.							
Thurs.							
Fri.							
Sat.							

I certify that the times listed above are correct to the best of my knowledge and belief.

Employee Signature: _____ Date: _____

TO BE COMPLETED BY IMMEDIATE SUPERVISOR:

Notes:

I certify that the above is correct to the best of my knowledge and belief.

Supervisor Signature: _____ Date: _____

TO BE COMPLETED BY THE PAYROLL CLERK:

FIRST WEEK OF PAY PERIOD												
Reg. Hrs. Worked	Shifts Earned	Overtime		Dock Hrs.	Susp Hrs.	Vac. Lv.	Med. Lv.	Sick Lv.	Work Furlough	Holiday	Comp. Time	
		ST	FLSA								Taken	Earned

SECOND WEEK OF PAY PERIOD												
Reg. Hrs.	Shifts	Overtime		Dock Hrs.	Susp Hrs.	Vac. Lv.	Med. Lv.	Sick Lv.	Work Furlough	Holiday	Comp. Time	
Worked	Earned	ST	FLSA								Taken	Earned

Notes from Payroll Clerk: